

BEEBE HEALTHCARE

MARGARET H. ROLLINS SCHOOL OF NURSING NURSING 101 – FOUNDATIONS OF NURSING Communication Reflection Assignment

Student: Abbey Fike		Date of Interaction: 9/30/25	
Client Initials: VK	Age: 78	Admitting Diagnosis: UTI	
General Information:			
Description of Environment: Room #307 The client was in a private room in the Med Surge Unit on the third floor. The lighting was dim, and she had a curtain near the bedside for privacy during procedures. The floor was kept clean and clear of objects to prevent falls. All healthcare team members ensured the bed was in the lowest position with side rails up on one side. Her call bell and personal items were within reach. On the second day she had a walker which was kept nearby for ambulation. Each room had their own thermostat, VK kept her room warmer for comfortability.			
Description of Client: The client is a 78 yo female admitted with a urinary tract infection. She appears slightly fatigued, confused, and at times agitated. On the first day I was providing care she was on bedrest but on the second day she was permitted to using a walker for assistance. She was a high fall risk and had a history of falls, so we had to pay close mind to her environment conditions. VK was a very kind woman who loved to reminisce about her life. She had two sons and a late husband that she enjoyed sharing stories about. By listening to her stories, I could tell she took a lot of pride in her marriage and being a wife. VK was very humorous and was great at making light in tough or uncomfortable situations.			
Goal of Interaction: My goal for interactions between my patient and I was to establish trust and comfort. Being in a hospital and having strangers come in and out of your room can be such an unnerving experience so I intended to help her feel comfortable with my presence. Another goal of mine was to promote safety by cleaning her room to prevent falls. I made sure to show her where the call bell was and that every time I left the room she had all personal items within reach.			

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Interaction Narrative		
Minimum of five (5) & maximum of eight (8) interactions in order as it occurs – number each exchange		
Student:	Patient:	Analysis:
<p>1. Your statements with non-verbals</p> <p>“Hi! Good morning, Mrs. V. My name is Abbey and I’m going to be your student nurse today. How are you doing today?”</p> <p><i>Maintained eye contact, approached slowly and maintained a little bit of distance.</i></p>	<p>Clients statement with non-verbals</p> <p>“Oh, hi Abbey. It’s nice to meet you. I’m doing alright, just a little tired and hungry this morning.”</p> <p><i>Smiles and maintained eye contact with me. Tone was welcoming and joyful.</i></p>	<p>Technique: AIDET – Introduction.</p> <p>Rationale for use: Introduction is what begins the nurse-patient relationship. It’s very important to start off kind and non-judgmental to promote trust and an environment where the patient feels safe to open about how they’re feeling and what they need. Non-verbal communication goes a very long way in this step, maintaining eye contact and not seeming rushed can show the patient that they are a priority.</p> <p>Effectiveness: Mrs. V was happy to have me in her room and introduce herself. She felt welcomed to talk about her story and this set a great path for my continuity of care.</p>
<p>2. Your statements with non-verbals</p> <p>“Thank you for letting us take your vitals, Mrs. V. Your call bell is right here. Is there anything else we can get for you while we’re here?”</p> <p><i>Smiles using a calm tone, standing still, maintaining eye contact.</i></p>	<p>Clients statement with non-verbals</p> <p>“No, that’s okay. Thank you, girls. You’re so sweet.”</p> <p><i>Smiles and relaxes shoulders. Face softens. Tone was thankful and sincere.</i></p>	<p>Technique: Closed-ended question</p> <p>Rationale for use: Closed-ended questions can be a good way at opening the client to answering questions and feeling comfortable with their caretaker. Some patients can feel like a burden when asking for things so making the effort to ask them is a great way to make sure their needs are met.</p>

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		<p>Effectiveness: Mrs. V was very happy to be asked if there was anything else she needed. She felt attended to and was very thankful for our care.</p>
<p>3. Your statements with non-verbals</p> <p>“What was your husband like?”</p> <p><i>Gentle tone, maintained a few inches of distance, didn’t move and stood patiently.</i></p>	<p>Clients statement with non-verbals</p> <p>“Everyone loved him. At his funeral there weren’t enough seats for everyone that showed up. He was hilarious. His workers adored him and were so sad to see him go.”</p> <p><i>Hand expressions, joyful tone, smiles, voice is louder and excited.</i></p>	<p>Technique: Active listening</p> <p>Rationale for use: Active listening is extremely important when getting to know a client and what means the most to them. This is the best opportunity to learn about them and what motivates them. Simply listening to a patient can go a long way in helping them feel comfortable and heard. This betters the nurse-patient relationship in establishing comfort and care.</p> <p>Effectiveness: Mrs. V was so excited to talk about her husband and have people hear stories about what he did. Just asking her one question opened her up to talking so much about him, more than I would have known if I had never asked. By listening to her stories, I could tell she felt more comfortable and understood as a person, not just a patient.</p>

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<p>4. Your statements with non-verbals</p> <p>“It’s okay Mrs. V, I won’t let you fall. You can hold onto me. We have the bed rail up right here too.”</p> <p><i>Tone is calm and confident, maintained eye contact, held patient’s hands and shoulder.</i></p>	<p>Clients statement with non-verbals</p> <p>“Okay. Thank you.”</p> <p><i>Tone is anxious and worried, hands are clenched, facial expression and body language is tense.</i></p>	<p>Technique: Touch</p> <p>Rationale for use: Touch can be a tricky skill to use with different patients. When used correctly, it can convey care and reassurance. This was a very important tool used in my care with Mrs. V as she had a history of falls and was very traumatized. Anxiety in patients should never be overlooked and ensuring that they feel safe is a priority. Although I didn’t use as much verbal communication, my non-verbal skills using touch went a long way.</p> <p>Effectiveness: I was able to decrease Mrs. V’s anxiety about falling just by reassuring her verbally and non-verbally. I was able to better our relationship on trust by listening to her concern and tell her that I’m here for her. I held onto her hand and shoulder during the linen change my partner and I did, and this helped her feel more comfortable and safer.</p>
<p>5. Your statements with non-verbals</p>	<p>Clients statement with non-verbals</p>	<p>Technique: Acknowledging</p>

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<p>“I understand you’re frustrated with this new surgery scheduled.”</p> <p><i>Soft tone, standing still, maintaining eye contact.</i></p>	<p>“They just keep trying new things and it feels like nothings working.”</p> <p><i>Irritated tone, folded arms, closed off body language.</i></p>	<p>Rationale for use: Acknowledging allows a patient to feel heard and understood in how they feel. By acknowledging Mrs. V’s difficulties in her health and feelings of frustration, she was able to feel sympathized with and validated.</p> <p>Effectiveness: Mrs. V was relieved she felt heard. She was in pain and discomfort but in some way was relieved of it by having someone listen and not judge her struggles. Her tone was softer, and she was appreciating of the time I spent</p>
<p>6. Your statements with non-verbals</p>	<p>Clients statement with non-verbals</p>	<p>Technique:</p> <p>Rationale for use:</p>

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		Effectiveness:
7. Your statements with non-verbals “	Clients statement with non-verbals	Technique: Rationale for use: Effectiveness:
8. Your statements with non-verbals	Clients statement with non-verbals	Technique: Rationale for use: Effectiveness:

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Evaluation:

Reflection: After having Mrs. V as my first patient I truly learned so much about communicating with patients. I learned from our interactions about staying engaged and listening intently while also getting my work done. I was able to connect with her and have a trusting relationship which made it much easier to provide care for her. Although Mrs. V had been through a lot and felt isolated, I think I was able to give her comfort by acknowledging her feelings and laughing at her jokes. Sometimes just talking does so much for a person, and in this case, I tried providing a lot of reminiscence therapy. Just listening to her stories about life and her family taught me a lot about my patient and what motivates her as a person. I believe that in this environment, it can be so important to just speak, person to person to bring more humanity to the bedside.

Barriers: The biggest barrier for me was nervousness and inexperience. Switching from working exclusively in the sim lab into the clinical setting was very different. I struggled with continuing conversation with my patients as in sim, all my conversations are very goal-oriented and strategic. With real patients its much different, it's listening to life stories, asking them how they feel, hearing what matters to them and why they're in the hospital. It's much more human and interactive that the sim lab or practice scenarios can't replicate.

Personal Strengths & Weaknesses: I think I did well at checking in on Mrs. V and assessing her needs. Before I left her room, I would make sure to ask if she needed anything else while I was in there or if I could grab her anything from the hall. I tried to pay attention to the little details, maybe if she needed a blanket or some more water. Given she was a fall risk, I made sure to clean up her room and floor while she was napping during the day in order to keep a clean and safe environment. Something I could work on is multitasking between my tasks and interacting with the patient. At times I found myself either more task oriented or more interaction oriented, and I think I could find a better mix. This weakness of mine made my work go by a lot slower and could make my charting late at times. I think overtime as I get more practice, I'll be able to manage both attending to the patient and my tasks at the same time.

Strategies for Improvement: I do best with hands-on learning so I think the best way for me to improve will just come with time. I think I need to have more confidence in my skills so when I'm providing care to a client, I won't have to think too hard about what I'm doing. I want to become better at making my patients feel more acknowledged while I'm in the room providing care. I think to attain these skills I'll need to experience and practice more in the clinical setting, especially one-on-one with my patients on how to talk with them and feel confident in the care I'm providing.

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